

Funding:

1. Funding shall be earned by the State Health Office through the Title XIX (Medicaid) Program. Allowable costs for the coalition contracts shall be allocated to Medicaid based on the population served.
2. The Healthy Start Act requires a local cash or in-kind contribution of 25% of the cost of the coalition. Medicaid's financial participation shall be 50% of the net coalition expenditures (total less local cash or in-kind contributions).
3. Funds advanced under the coalition contracts will be funded 100% from state General Revenue funds. Only actual expenditures will be reimbursable under Medicaid.
4. The State Health Office shall provide the general revenue required to fund 50% of the net expenditures (less local cash or in-kind contributions).
5. The State Health Office is responsible for funding any expenditures disallowed by HCFA related to the coalition contracts.
6. The Medicaid Office will audit expenditures under these contracts at least annually.

8/31/92
Date

Gary J. Clarke
Gary J. Clarke
Assistant Secretary for Medicaid

9/3/92
Date

Charles S. Mahan, MD
Charles S. Mahan, MD
Deputy Secretary for Health and
State Health Officer

TN No. 92-49 DATE/RECEIVED 9-21-92
SUPERSEDES DATE/RECEIVED 10-16-92
TN No. New DATE/EFFECTIVE 9-3-92

INTERAGENCY AGREEMENT BETWEEN
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES (HRS)
THE MEDICAID PROGRAM OFFICE
AGING AND ADULT SERVICES PROGRAM OFFICE
DEVELOPMENTAL SERVICES PROGRAM OFFICE
CHILDREN'S MEDICAL SERVICES PROGRAM OFFICE
ALCOHOL, DRUG ABUSE AND MENTAL HEALTH PROGRAM OFFICE
DISTRICT ADMINISTRATION
AND THE
AGENCY FOR HEALTH CARE ADMINISTRATION
FOR

UTILIZATION CONTROL PROGRAM FOR
INSTITUTIONAL CARE APPLICANTS AND RECIPIENTS

The Medicaid Program office (PDDM) is designated as the administering office for the Title XIX (Medicaid) program in the state of Florida; the Aging and Adult Services Program Office (PDAA) has responsibility for the administration of health and related programs for aging and adult individuals; the Children's Medical Services Program Office (PDCM) has responsibility for the administration of programs and services for children with special health care needs (Title V); the Developmental Services Program Office (PDDS) has responsibility for the administration of supports and services for mentally retarded and other developmentally disabled individuals; the Alcohol, Drug Abuse and Mental Health Program Office (PDADM) has responsibility for the provision of a continuum of mental health care and evaluations through contractual agreements with local mental health centers; and the Agency for Health Care Administration (AHCA) has responsibility for licensing of all long term care facilities and administering the surveys and inspections necessary to ensure compliance with certification conditions and standards of participation. In general, the above offices have responsibility for ensuring that timely, appropriate, efficient, quality and effective institutional care services are provided to Medicaid institutional care recipients. Each district office has responsibility of implementing, at the local level, prescribed utilization control policies and procedures in accordance with established state and federal rules and regulation and in accordance with prescribed policies and procedures.

Federal regulations for Title XIX mandate that the state implement a statewide surveillance and utilization control (UC) program that safeguards against unnecessary and inappropriate use of institutional care services by Medicaid recipients, against excessive institutional care payments and ensures the provision of quality care and services. Therefore, in the interest of meeting these federal mandates, coordinating the nursing home reform requirements of the Omnibus Budget Reconciliation Act of 1987, and maximizing resources to better serve Medicaid institutional care applicants and recipients, these headquarters and district program offices agree to the following provisions relating to Medicaid provider facilities and their recipients (and not applicable to private pay facilities):

Amendment 93-11
Effective 1/1/93
Supersedes NEW
----- 1 2001/07/07 1002

**I. PDDM, PDAA, PDCM, PDDS, PDADM and AHCA
GENERAL PROVISIONS**

A. To coordinate, as applicable, with the Medicaid program office in the development and issuance of policy statements or policy changes, training, monitoring, and survey procedures regarding institutional care applicants, recipients and providers.

B. To share institutional care information, reports and statistical data.

C. To collaborate in the development of a full continuum of Medicaid reimbursable health and related care services for Medicaid institutional care applicants and recipients that encourage the least restrictive, efficient, and most cost effective use of facilities and services.

D. To collaborate in the development of institutional care admission and continued placement criteria.

E. To provide representation and ensure participation, as appropriate, in local intradepartmental pre-admission reviews of children who are applying for Medicaid reimbursement for nursing facility services.

F. To adhere to state and federal rules and regulations pertaining to Medicaid utilization control of institutional care services.

G. To provide representation and ensure participation in workgroups and committees as necessary to provide technical assistance and coordination of the statewide institutional utilization control program.

H. To provide staff and provider training as necessary.

I. To provide administrative oversight and technical assistance to the district staff in the performance of designated functions.

II. Medicaid Program Office

The State Medicaid Program Offices shall perform the following functions:

A. Promulgate, distribute and maintain institutional care admission and continued placement criteria;

B. Provide technical assistance and consultation as necessary;

- C. Provide clarification of institutional care criteria;
- D. Serve as the Medicaid liaison with Health and Human Services (HHS) regarding the Title XIX state plan and state plan requirements;
- E. Prepare and submit, on a timely basis, federally required preadmission screening and annual resident review reports, and inspection of care reports (Quarterly Showing Report);
- F. Provide clarification of federal requirements;
- G. Maintain and update administrative rules, in collaboration with PDARS, PDDS, PDCMS, PDADM, and AHCA, relating to institutional utilization control and admission and continued placement criteria; and
- H. Monitor the statewide institutional utilization control program and the nursing facility pre-admission screening and annual resident review (PASARR) process.

The District Medicaid Program Offices shall perform the following functions:

- A. Provide technical assistance when requested.
- B. Provide oversight at the local district level upon request or as deemed necessary.

III. Aging and Adult Services Program Office

The State Aging and Adult Services Program Office shall perform the following functions:

- A. Establish, distribute and maintain written admission review, follow-up placement and continued placement determination policies, procedures, and forms.
- B. Establish, distribute and maintain written screening and referral policies, procedures, and forms.
- C. Prepare and provide report data as needed concerning the admission review and MI and MR-DD screening.
- D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI and/or MR-DD screening.
- E. Monitor the accuracy and timeliness of preadmission and continued placement reviews performed by the district preadmission teams.

F. Ensure the establishment of adequate teams, as available resources allow, to assure timely completion of functions performed by the teams in accordance with the provisions of this agreement.

G. Provide or contract for such psychiatric, medical and related staff as required to enable the teams to carry out the specific responsibilities detailed in this agreement.

The District Aging and Adult Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's (age 21 and older) need for nursing facility, mental hospital or swing bed facility services is evaluated by the Comprehensive Assessment and Review for Long Term Services (CARES) teams and a level of care established or an alternate placement determination rendered.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Ensure that all Medicaid nursing facility applicants (age 21 and older) who appear to have mental illness (MI) or mental retardation/developmental disability (MR-DD) are identified.

D. Ensure that each Medicaid nursing facility applicant (age 21 and older) identified by PDOAA, or private pay applicant (age 21 and older) identified by a nursing facility, as possibly having MI or MR-DD is appropriately referred by CARES for an evaluation and a determination made regarding the need for specialized services.

E. Ensure that local Developmental Services offices are advised of all Medicaid nursing facility applicants or recipients determined to require MR-DD evaluations and ensure that PDADM is advised of all applicants or recipients who require a final determination regarding their need for specialized MI services.

F. Ensure that each Medicaid recipient's need for continued placement in a swing bed facility, beyond the initial 60 day period, is evaluated. Upon request by the facility for authorization of extended Medicaid reimbursement, when appropriate, authorize swing bed extensions.

G. Review all decisions rendered by institutional care facilities (nursing facilities and mental hospitals) and district staff that deny continued placement of any Medicaid recipient who is (age 21 and older) and render a final determination regarding continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the local eligibility and payments staff for recipient notification.

H. Perform continued placement reviews of all nursing facility and mental hospital recipients referred by AHCA or other HRS staff, and of all recipients approved for short-term placement, and render a final determination regarding continued placement. When Medicaid eligibility for continued placement is denied, provide adequate and timely written notification to the local eligibility and payments staff for recipient notification.

I. Ensure appropriate departmental representation at any administrative or legal proceeding regarding any decision that is rendered by DPOAA staff which denies an applicant's or recipient's admission or continued placement or renders the facility unable to provide the level of services required by the individual in a nursing facility, swing bed or mental hospital.

J. Ensure that documentation which reflects each admission and continued stay review performed, and each MI or MR-DD screening performed for nursing facility applicants and recipients is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an alternative placement determination when applicable.

IV. Developmental Services Program Office

The State Developmental Services Program Office shall perform the following functions:

A. Establish, distribute and maintain written admission review, follow-up placement and continued placement determination policies, procedures, and forms.

B. Establish, distribute and maintain written screening and referral policies, procedures and forms.

C. Prepare and provide report data as needed concerning the admission review and MR-DD screening.

D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MR-DD screening.

E. Monitor the accuracy and timeliness of preadmission and continued placement reviews performed by the district preadmission teams.

The District Developmental Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's need for Intermediate Care Facility for the Developmentally Disabled (ICF/MR-DD) services is evaluated and a level of care or

alternate placement determination rendered and to ensure that continued stay reviews are performed in accordance with 42 CFR 456.431 through 42 CFR 456.436.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Review all decisions rendered by ICFs/MR-DD that deny continued placement of any Medicaid recipient and render a final determination regarding the need for continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the recipient.

D. Perform continued placement reviews of all MR-DD nursing facility recipients referred by AHCA or HRS staff, and of all MR-DD recipients approved for short-term nursing facility placement, and render a final determination regarding continued placement within the nursing facility.

E. Ensure that each nursing facility applicant or recipient requiring a MR-DD evaluation is evaluated prior to admission (under the Medicaid institutional care program) and no less than annually thereafter and a determination rendered with regard to whether or not specialized services for MR-DD are required.

F. Ensure the establishment of adequate teams to assure timely completion of admission, continued stay and annual reviews of ICF/MR-DD applicants and recipients, and MR-DD screenings for nursing facility applicants and recipients.

G. Provide or contract for such psychiatric, medical and related staff as required to enable the admission and continued stay review teams to carry out the specific responsibilities detailed in this agreement.

H. Develop, distribute and maintain UC plans for each ICF/MR-DD and ensure the UC plans meet federal and state requirements.

I. Ensure departmental representation at any administrative or legal proceeding regarding any decision that is rendered by district DPODS staff which denies an applicant's or recipient's admission or continued placement, or renders the facility unable to provide the level of services required by the individual, in an ICF/MR-DD or nursing facility.

J. Ensure that documentation which reflects each ICF/MR-DD admission and continued stay review performed, and each MR-DD screening and annual review performed for nursing facility applicants and recipients is maintained at the local level and available for review by authorized federal and/or state

representatives, and substantiates the level of services required by each applicant or recipient or an alternate placement determination when applicable.

V. The Children's Medical Services Program Office

The State Children's Medical Services Program Office shall perform the following functions:

A. Establish, distribute and maintain written admission review, follow-up and continued placement determination policies, procedures, and forms;

B. Establish, distribute and maintain written policies, procedures and forms for first level screening by MHATs of MI and MR-DD and referrals for further assessment.

C. Prepare and provide report data as needed concerning the admission review and MI and MR-DD screening;

D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI and/or MR-DD screening; and

E. Monitor the accuracy and timeliness of preadmission and continued placement reviews performed by district Multiple Handicap Assessment Teams (MHATs).

The District Children's Medical Services Program Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's (age birth thru 20) need for nursing facility services is evaluated by the Multiple Handicap Assessment Team and a level of care established or an alternate placement determination rendered.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Ensure that all Medicaid nursing facility applicants (age birth thru 20) who appear to have MI or MR-DD are identified.

D. Ensure that each Medicaid nursing facility applicant (age birth thru 20) identified by the MHAT, or private pay applicant (age birth thru 20) identified by a nursing facility, as possibly having MI or MR-DD is appropriately referred by the MHAT for an evaluation and a determination made regarding the need for specialized services.

E. Ensure that local Developmental Services offices are advised of all (age birth thru 20) Medicaid nursing facility applicants or recipients determined to require MR-DD evaluations

and ensure that PDADM is advised of all applicants or recipients who require a final determination regarding their need for specialized MI services.

F. Ensure that local MHATs review all decisions rendered by Medicaid nursing facilities that deny continued placement of any Medicaid recipient (age birth thru 20), and render a final determination through the staffing process regarding the need for continued placement. When there is concurrence with the facility's decision, provide adequate and timely written notification of the final determination to the local eligibility and payments staff for notification to the recipient and the recipient's responsible party.

G. Ensure that local MHATs perform continued placement reviews of all nursing facility residents (age birth thru 20) referred by AHCA or HRS staff, and of all recipients (age birth thru 20) approved for short-term nursing facility placement, and render a final determination regarding continued placement. When Medicaid eligibility for continued placement is denied, provide adequate and timely written notification to local eligibility and payments staff for recipient notification.

H. Ensure appropriate departmental representation at any administrative or legal proceeding regarding any decision that is rendered by a MHAT which denies an applicant's or recipient's (age birth thru 20) admission or continued placement in a nursing facility or renders the facility unable to provide the level of services required by the individual.

I. Ensure that documentation which reflects each admission review and continued stay review performed, and each MI or MR-DD screening and annual review performed for nursing facility applicants and recipients (age birth thru 20) is maintained at the local level and available for review by authorized federal and/or state representatives, and substantiates the level of services required by each applicant or recipient or an alternate placement determination when applicable.

VI. Alcohol, Drug Abuse and Mental Health Program Office

The State Alcohol, Drug and Mental Health Program Office shall perform the following functions:

A. Ensure the development of a uniform MI nursing facility preadmission and annual screening/assessment tool and criteria for statewide use.

B. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI screenings.

C. Monitor the accuracy and timeliness in making determinations for specialized services in accordance with the provisions of this agreement.

The District Alcohol, Drug and Mental Health Program Office shall perform the following functions:

A. Ensure that a final determination is rendered regarding each referred nursing facility applicant's or recipient's need for specialized services for MI.

B. Ensure the provision of specialized services to all nursing facility residents who are determined to require such services and who are allowed to enter or remain in the nursing facility.

C. Ensure that documentation is maintained and available to authorized federal and state reviewers which substantiates the final determination regarding whether or not specialized MI services are required for nursing facility residents and applicants.

D. Ensure departmental representation at any administrative or legal proceeding regarding any admission or continued decision that is rendered by DPOADM staff which denies an applicant's or recipient's admission or continued placement, or renders the nursing facility unable to provide the level of services required by the individual.

E. Prepare and provide periodic report data as needed concerning MI final determinations for specialized services.

VIII. Agency for Health Care Administration

A. Ensure that an Inspection of Care (IOC) review is conducted in each Medicaid participating ICF/MR-DD and mental hospital in which there is one or more residents approved for the Medicaid institutional care program (ICP).

B. Ensure that all IOC reviews are conducted in accordance with federal law and regulations.

C. Ensure the IOC teams prepare and distribute IOC reports which reflect the IOC team's findings on recipient services as well as specific findings and recommendations with respect to individual need for continued placement. The cover sheet of the IOC reports shall also contain at least the following:

- Facility name, address and provider number;
- Number of Medicaid recipients, by level of care, under facility care at the time of the IOC;
- Number of beds allocated or certified for care of Medicaid recipients;
- Date(s) the IOC was performed. If review lasted more than one day, the beginning and ending dates;
- Date on which the IOC report was prepared; and
- Signatures and credentials of team members.